

Winter Shelter: Guest Risk Assessment Form



Name:

Date of birth:

Are they barred from any other projects? If so, which ones and why?

1. Physical health issues:

Support/medication?

2. Mental health issues:

Support/medication?

3. Substance/alcohol usage:

4. Offending history:

5. Any other needs/risk areas (eg vulnerability)

Who might be harmed?

What makes risks worse?

What helps to manage the risks?

Referring agency:

Date:

GUEST REGISTRATION FORM

We would like to serve guests to the best of our ability. Our (advisor/advocate/volunteer) is available to assist guests holistically in conjunction with the pre-existing work as well as securing accommodation. It is principally for this reason that we require you to fill out this form. However by signing this form Guests give their permission for information from this form to be used to compile project statistics without reference to their identity.

This generic data is used to support in our fundraising. Thank You!

NB. Referrer please complete this document with your client and email to:

folkestoneshelter@ntlworld.com or Fax to Salvation Army: 01303 252295

RING FIRST TO CHECK IF THERE IS A SPACE AVAILABLE: 07850 342125

Name:		Sex:	Single, Married or Partner:		
Date of first night at shelter:			Exit Date from shelter:		
Date of Birth:		Nationality:		Ethnicity:	
Does above have	Passport:	Birth Cert:	Medical card:	Drivers Lic:	
Other forms of ID:				National Insurance No:	
Mobile No:		If no mobile, number of friend:			
E-mail:			Does above have a bank account?		

Guest referred to the shelter by:		Organisation	
What is your plan for this client:			

Housing History

1. Where did you sleep the night before you arrived at the shelter?
2. How long have you had no fixed abode?
3. Have been rough sleeping on the streets. If so for how long?
4. In which district do you normally sleep?
6. Have you ever squatted?
7. Have you met a street outreach worker?

5. Where do you normally sleep:	
On streets	
On friends sofa or floor	
Buses	
Squat	

Name		Date	
Organisation			

8. Please give a summary of your housing history, *including addresses & reasons for leaving*

2004	
2005	
2006	
2007	
2008/ 2009	

Local connection

9. Have you lived in [local area] 6 months out of the last year or 3 years in the last 5 years?

10. What local connection do you think you have with [local area]?

Assistance from other services

11. Which day centres do you regularly visit?

12. What assistance are you receiving from these day centres? Please specify the names of staff members at the day centres that are helping you.

State Benefits

13. Are you on benefits? If so, which?

14. How much are you receiving a fortnight?

15. Claiming/Receiving since what date:

16. Where is your signing on office (in process of changing)?

Physical Health

17. Do you have any physical health issues that we should be aware of?

Details and dates:

18.a. GP: Name and address

18.b. When was your last appointment with a GP?

18.c. Are you registered with a dentist?

18.d. When was your last visit?

Mental Health

19.a. Do you suffer from any mental illnesses or have you in the past had any mental health problems?

19.b. Which type?

20.a. Have you had an appointment with a psychiatrist concerning your mental health?

20.b. What medication have you been prescribed for your mental illness? Please specify dates.

20.c. Do you currently access mental health services?

Alcohol

21. How much do you drink a day/week/month?

22. Have you ever been in Alcohol detox? Please specify dates

23. Are you receiving help from any agencies?

24. Have you ever attended AA meetings? If so when.

25. Can we link you to local agencies to help you with this problem?

Controlled Drugs

26. Do you take any controlled drugs? Please specify type and frequency.

27. Have you ever been in detox?

28. Are you receiving help from any agencies?

29. Have you ever attended NA meetings?

30. Can we link you to local agencies to help you with this problem?

Employment

- 31. Are you wanting to work now?
- 32. What is your Profession(s)?
- 32. Date of last employment:
- 33. Nature of employment:
- 34. Name of Employer:

Questions for those seeking asylum or refugee status

- 35. When did you arrive in the country?
- 36. Do you have indefinite leave to remain (home office papers)?
- 37. Are you being supported by NASS (Home Office), a local authority, or friends/relatives?

Other

38. Have you been in prison?

	Date of sentence	Offence	Time served
1			
2			
3			
4			

- 39. Have you ever been convicted of arson, violence or sexual offences? If so please specify
- 40. Did you serve in the armed forces? If so please specify dates of service and regiment.

41. Is there someone else, not mentioned above, who is helping you at the moment with your situation? A professional from an agency helping rough sleepers, a friend, a relative, a former work colleague, a social worker, a psychologist?

42. Which of the following would you identify as the **primary** reason for you ending up sleeping on the streets?

Upbringing	
Relationship breakdown	
Lack of money	
Gambling	
Bad health	
Alcohol misuse or addiction	
Controlled drugs use	

Confidential

Information from this form will be used to compile statistics without reference to your identity. This information will only be viewed by the management of Folkestone Churches Winter Shelter unless your permission is granted.

Disclaimer

I agree to this information being shared with relevant local agencies with the objective of assisting me in finding more permanent accommodation or other appropriate assistance regarding my needs.

- Signature:
- Date:

Thank-you for taking the time to fill out this application form